

## DECLARATION AND POWER OF ATTORNEY

Atty. Dckt. No. 6102-000009/US/NP

### DECLARATION

I hereby declare that:

Each inventor's residence, mailing address and citizenship are as stated below next to their name,

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### USE OF ROTIGOTINE FOR THE TREATMENT OF DEPRESSION

the specification of which (check one)

- ☐ is attached hereto.  
or  
☒ was filed on January 25, 2006 as United States Application Number 10/565699.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)				
APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORITY CLAIM	
			Yes	No
PCT/EP2004/008168	WIPO	July 22, 2004	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DE 10334188.9	Germany	July 26, 2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

## **DECLARATION AND POWER OF ATTORNEY**

**Atty. Dckt. No. 6102-000009/US/NP**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### **POWER OF ATTORNEY**

I hereby appoint each practitioner associated with Customer No. 28997 of Harness, Dickey & Pierce, P.L.C., and Bradford Schmidt, Registration No. 42148 and Jason Pauls, Registration No. 45651, both of Schwarz Pharma, Inc., 6140 West Executive Drive, Mequon, WI 53092-4467, my attorneys or agents to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

### **CORRESPONDENCE ADDRESS**

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 28997, Harness, Dickey & Pierce, P.L.C., 7700 Bonhomme, Suite 400, St. Louis, MO 63105, Telephone (847) 412-6350, Email [jforbes@hdp.com](mailto:jforbes@hdp.com).

## DECLARATION AND POWER OF ATTORNEY

Atty. Dckt. No. 6102-000009/US/NP

**Full name of sole or first inventor:**

Inventor's signature: \_\_\_\_\_

  
Dieter Scheller

Date: \_\_\_\_\_

20. 4. 2006

Residence: \_\_\_\_\_

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Citizenship: 41470 NEUSS

Mailing Address: \_\_\_\_\_

BETTIKUMER DORFSTR. 13

**Full name of second inventor:**

Inventor's signature: \_\_\_\_\_

  
Alexander Breidenbach

Date: \_\_\_\_\_

23 April 2006

Residence: \_\_\_\_\_

Germany

Citizenship: \_\_\_\_\_

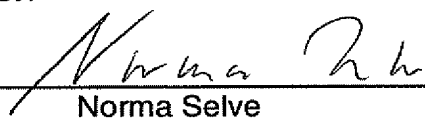
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Mailing Address: \_\_\_\_\_

Arend-Braye-Weg 5

**Full name of third inventor:**

Inventor's signature: \_\_\_\_\_

  
Norma Selve

Date: \_\_\_\_\_

25<sup>th</sup> April 2006

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Mailing Address: \_\_\_\_\_

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